

POWER UNITS THIS FORM ONLY

Supplemental Application
SCHEDULE C

MONTANA DEPARTMENT OF TRANSPORTATION
PO BOX 4639
HELENA, MT 59604-4639
TEL: (406) 444-2998 FAX: (406) 444-0800

PLEASE MARK THE ONE ITEM YOU ARE REQUESTING ON THIS FORM:
(Please use separate Form C for Add State, Increase Wt. vs Add and/or Deletes)
☐ Need ☐ Add States (Sch. B also needed for mileage)
Temporary ☐ Increase Weights- one Sch. C for each different weight
or ☐ Add Vehicle(s) ☐ Delete Vehicle(s)

1	Account Number:			Fleet Number:			Supplemental Number:			License Year:		Name of Contact:						
Name of Registrant (REQUIRED):										Telephone Number:			Fax Number:					
Doing Business As (if different than registrant name):																		
2	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW. UNITS OPERATING AT DIFFERENT WEIGHTS MUST BE GROUPED ON SEPARATE SHEETS. <i>For Quebec only please put in Combined Axles in the: AXLE/COMBINED AXLE AREA.</i>										AB		AL		AR			
AZ		BC		CA		CO		CT		DC		DE		FL				
GA		IA		ID		IL		IN		KS		KY		LA				
MA		MB		MD		ME		MI		MN		MO		MS				
MT		NB		NC		ND		NE		NL		NH		NJ				
NM		NS		NV		NY		OH		OK		ON		OR				
PA		PE		QC		RI		SC		SD		SK		TN				
TX		UT		VA		VT		WA		WI		WV		WY				
(KEY CODES) TYPE OF VEHICLE: TR = TRACTOR TK = TRUCK (if TK – specify 1/2, 3/4, 1-ton or over – USE FORM C-T FOR TRAILER) BS = BUS (Need HP) FUEL TYPE: D = DIESEL P = PROPANE G = GASOLINE O = OTHER ** Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year?																		
3	1	2			3	4	5	6	7	8	9	10	11	12	13	14	15	16
	EQUIP. NO.	VEHICLE IDENTIFICATION NUMBER			YEAR	MAKE	VEH. TYPE See KEY CODE	A X E S C O E L M A E B T S O S	FUEL	EMPTY WT	GROSS WT	FACTORY PRICE	PURCHASE PRICE	DATE OF PURCHASE	PREV REG.	USDOT # (Veh level)	** Y N	Fed ID /TIN (Veh. Level)
	OWNER:				JURS. TITLED IN AND TITLE NUMBER:			/		BUS HP:		OVERLENGTH PERMIT:						
								/ /										
	OWNER:				JURS. TITLED IN AND TITLE NUMBER:			/		BUS HP:		OVERLENGTH PERMIT:						
								/ /										
	OWNER:				JURS. TITLED IN AND TITLE NUMBER:			/		BUS HP:		OVERLENGTH PERMIT:						
								/ /										
	OWNER:				JURS. TITLED IN AND TITLE NUMBER:			/		BUS HP:		OVERLENGTH PERMIT:						
								/ /										
4	DELETIONS																	
1	2	3	4	5				6				7						
ORIGINAL SUP.	EQUIP. NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER LIST COMPLETE VIN NUMBER				APPORTIONED PLATE NUMBER				REASON FOR DELETING						
5	MONTANA OPERATORS – The undersigned, under oath, swears under penalty of perjury and penalty of law that this vehicle is insured as prescribed by 61-6-302 MCA, and declares to have knowledge of applicable State and Federal Motor Carrier Safety laws and that the information furnished in this application and the attached schedules are true and correct.																	
	AUTHORIZED SIGNATURE:										TITLE:			DATE:				

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INTERNATIONAL REGISTRATION PLAN – DISTANCE SCHEDULE & RECAP SHEET FOR NEW OPERATIONS AND ADDING JURISDICTIONS TO CURRENT FLEETS (The mileage reporting period is calculated from July 1 to June 30 of the preceding year.)

MINIMUM ESTIMATED DISTANCE (See Page 21 in IRP MANUAL) MULTIPLY THIS DISTANCE BY THE NUMBER OF VEHICLES LISTED ON YOUR FLEET.
SCHEDULE B

JURISDICTION	PRORATE YES/NO	ACTUAL=A ESTIMATE=E	DISTANCE	JURISDICTION	PRORATE YES/NO	ACTUAL=A ESTIMATE=E	DISTANCE	JURISDICTION	PRORATE YES/NO	ACTUAL=A ESTIMATE=E	DISTANCE
AB (Alberta)				MN (Minnesota)				SD (South Dakota)			
AL (Alabama)				MO (Missouri)				SK (Saskatchewan)			
AR (Arkansas)				MS (Mississippi)				TN (Tennessee)			
AZ (Arizona)				MT (Montana)				TX (Texas)			
BC (British Columbia)				NB (New Brunswick)				UT (Utah)			
CA (California)				NC (North Carolina)				VA (Virginia)			
CO (Colorado)				ND (North Dakota)				VT (Vermont)			
CT (Connecticut)				NE (Nebraska)				WA (Washington)			
DC (District of Columbia)				NH (New Hampshire)				WI (Wisconsin)			
DE (Delaware)				NJ (New Jersey)				WV (West Virginia)			
FL (Florida)				NL(Newfoundland&Labrador))				WY (Wyoming)			
GA (Georgia)				NM (New Mexico)							
IA (Iowa)				NS (Nova Scotia)				NT (Northwest Territories)	NO	ACTUAL	
ID (Idaho)				NV (Nevada)				YT (Yukon)	NO	ACTUAL	
IL (Illinois)				NY (New York)				MX (Mexico)	NO	ACTUAL	
IN (Indiana)				OH (Ohio)				TOTAL FLEET MILES: _____			
KS (Kansas)				OK (Oklahoma)							
KY (Kentucky)				ON (Ontario)							
LA (Louisiana)				OR (Oregon)							
MA (Massachusetts)				PA (Pennsylvania)							
MB (Manitoba)				PE (Prince Edward Island)							
MD (Maryland)				QC (Quebec)							
ME (Maine)				RI (Rhode Island)							
MI (Michigan)				SC (South Carolina)							

Explain, **in detail**, scope of your operation (what you are hauling and where) covering any estimated distance. Use point “A” to point “B” *with routes used* within the jurisdiction(s) for estimated distance or if you had actual distance before or after the time frame let us know which time frame you are using for estimated distance: _____
